

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be additional reimbursement for dates of service, 11/10/01 through 01/19/02.
- b. The request was received on 04/26/02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60
  - b. HCFAs-1500
  - c. EOBs
  - d. There is no response to the request for additional documentation found in the file.
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
  - a. TWCC 60 and Response to the Request for Medical Dispute
  - b. There is no carrier sign sheet found in the dispute packet. The carrier did submit a response dated 05/03/02.
  - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.

### **III. PARTIES' POSITIONS**

1. Requestor: No position statement.
2. Respondent: Letter dated 05/03/02:

“...The bills for the services in dispute were properly denied because the treating doctor is not treating the patient for the services billed under his name on a routine basis.”

### **IV. FINDINGS**

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 11/10/01 through 01/19/02.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.

3. Per the provider's TWCC-60, the provider billed the carrier \$215.00.
4. Per the provider's TWCC-60, the carrier paid the provider \$0.00.
5. Per the provider's TWCC-60, the amount in dispute is \$215.00.

## **V. RATIONALE**

Medical Review Division's rationale:

The CPT codes in dispute are 99213 and E 1399, Biofreeze.

The carrier denied the charges in dispute as "L – NOT TREATING DOCTOR PER ADJUSTER." Medical Review Division's decision is rendered based on denial codes submitted to the Provider prior to the date of this dispute being filed.

When determining whether or not additional reimbursement is warranted, the Medical Review Division must first determine that the services were rendered as billed. After review of the dispute file, no documentation was noted to support the services billed. **No** reimbursement is recommended.

The above Findings and Decision are hereby issued this 26th day of August 2002.

Donna M. Myers, B.S.  
Medical Dispute Resolution Officer  
Medical Review Division

DMM/dmm

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.